

BRC or MMSEC COURSE COMPLETION REPORT

MAIL OR FAX WITHIN 7 DAYS FROM COMPLETION OF COURSE TO:

BUREAU OF MOTOR VEHICLES, DRIVER EDUCATION PROGRAM

29 STATE HOUSE STATION, AUGUSTA, ME 04333-0029

TEL# 624-9156 FAX# 624-9158

SCHOOL NAME:

TELEPHONE#:

SITE/RANGE LOCATION:

SITE/RANGE LICENSE#:

INSTRUCTOR(S):

(BRC- LIST RANGE # ONLY)

COURSE START DATE:

COURSE ENDING DATE:

OF STUDENTS: BRC () INCOMPLETE () MMSEC () TOTAL ()

	STUDENT NAME (List alphabetically)			D.O.B.	PHONE #	B R C	I N C	M M S E C	CCC #	PERMIT #
	LAST	FIRST	MI.							
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I certify that each student has completed 8 hours classroom (MMSEC), or 5 hours classroom and 10 hours range instruction (BRC).

I understand that knowingly supplying false information will result in the suspension or revocation of any license issued to me.

LICENSEE'S SIGNATURE:

Date:

NOTE: You must keep a copy of this roster for your files.

Rev. 6/16/11